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POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 OFR 1.63) Declaration Submitted with Declaration Submitted after Initial Filing OR Declaration Submitted after Initial Filing Gurcharge (37 CFR 1.16(e)) required) As a below named inventor, I hereby declare that: Wresidence, mailing address, and citizenship are as stated below next to my name. Deleiver lam the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: CONTACT LENS MOLD PRINTING SYSTEMS AND PROCESSES (Title of the Invention)	DEC	Attorney Do	cket Number	VTN-5039-USA-NP						
PATENT APPLICATION (37 CFR 1.63) Declaration Submitted with Initial Filing OR OR OR Initial Filing (Sucharge (37 CFR 1.16(e)) required) Examiner Name NOT YET ASSIGNED Filing Date JANUARY 29, 2004 Group Art Unit NOT YET ASSIGNED Examiner Name NOT YET ASSIGNED As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: CONTACT LENS MOLD PRINTING SYSTEMS AND PROCESSES (Title of the Invention) Thereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application or PCT international filing date of the continuation-in-part application (or patent or inventor's certificate, or 385(a) of any PCT international application having a filing date before that of the application for patent or inventor's certificate, or 395(a) of any PCT international application having a filing date before that of the application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application or patent or inventor's certificate, or any PCT international application having a	POWER			First Named	Inventor	P. MARK POWELL et al				
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	Application	Country				d Attached?				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:	Maniper(3)					150 110				
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DECLARATION - Utility or Design Patent Application							
I hereby claim the benefit under 35 U.S.O	C. 119(e) of any United States provisional a	application(s) listed below.					
Application Number(s)	Filing Date (MM/DD/YYYY)	philodus(c) iistou sets					
		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I hereby claim the benefit under Title 35, U	nited States Code, §120 of any United State	s application(s) listed below and, insofar as					
	this application is not disclosed in the prior U						
provided by the first paragraph of Title 35,	United States Code, §112, I acknowledge the	e duty to disclose material information as					
defined in Title 37, Code of Federal Regula	ations, §1.56(a) which occurred between the	filing date of the prior application and the					
national or PCT international filing date of t	his application:						
Application Serial No.	Filing Date	Status					
		Patented Patented Patented					
I hereby appoint:							
	-	Place Customer					
Practitioners at Customer Number	000027777 →	Number Bar Code					
		Label Here					
AND							
Practitioner(s) named below: Name Registration Number							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Address all telephone calls to Lois A. Gianneschi at telephone number (732) 524-6351.							
Customer Number Direct all correspondence to:							
Name:							
Address:							
Address:							
City:	State:	ZIP					
Country	Telephone:	Fax:					

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR:	A p€	etition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) P. Mark		Family Name or Surname Powell							
Inventor's Signature				Date	• • • • • • • • • • • • • • • • • • • •				
Residence: City Jacksonville	State Florida	Co	Country USA		CitizenshipUSA				
Mailing Address 11598 North Summer Haven Boulevard									
City Jacksonville	State Florida	State Florida ZIP			Country USA				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any]) Michael Francis		Family Name or Surname Widman							
Inventor's Signature				Date					
Residence: City Jacksonville	State Florida	Co	Country USA		CitizenshipUSA				
Mailing Address 2864 Claire Lane									
City Jacksonville	State Florida		ZIP 32223		Country USA				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF THIRD INVENTOR:	A pe	etition has bee	s been filed for this unsigned inventor						
Given Name (first and middle [if any]) Michael		Family Name or Surname Strong							
Inventor's Signature				Date					
Residence: City	State	Co	Country		Citizenship				
Mailing Address									
City	State	715	P		Country				

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